

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15956

State File No. \_\_\_\_\_

FILED MAY 19 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 6143

Registrar's No. 62

## 1. PLACE OF DEATH:

- (a) County Shelby  
 (b) City or town Lentner Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 50 Years  
 years, months or days)

3. (a) PRINT FULL NAME Missouri Frances Timbrook

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Thomas J Timbrook 6. (c) Age of husband or wife if alive 83 years  
 7. Birth date of deceased August 28th 1863  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 7 25 hr. \_\_\_\_\_ min.

9. Birthplace Virginia  
 (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

## 11. Industry or business \_\_\_\_\_

12. Name John Heninger  
 13. Birthplace Not Known (City, town, or county) (State or foreign country)  
 14. Maiden name Not Known  
 15. Birthplace Not Kown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Adam Lucas

- (b) Address Lentner Mo

17. (a) Burial (b) Date thereof 4/25/44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Oakridge Cemetery

18. (a) Signature of funeral director Mellon & Baskin

- (b) Address Shelby Mo

19. (a) May 4-44 (b) Thelge Loach  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Shelby 102  
 (c) City or town Lentner Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd  
 year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 3-7 to 4-18-44  
 and that death occurred on the date and hour stated above, 4-18-44  
 that I last saw her alive on \_\_\_\_\_

- Immediate cause of death Cardio-vascular disease Duration 4 yrs.

- Due to \_\_\_\_\_

- Due to \_\_\_\_\_

- Other conditions.  
 (Include pregnancy within 3 months of death)

- Major findings:  
 Of operations \_\_\_\_\_

- Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Thelge Loach (M. D. or other) \_\_\_\_\_

- Address Shelby Mo Date signed 5-1-44

RECEIVED

District Health Officer No. 10

District File Number 5-44-988

Date Filed MAY 12 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Henry G. Barkeley*

Licensed Embalmer No.

3835

P. O. Address

*Shelburne, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.